

VSH Employees' Work Group

July 19, 2006 1:00 p.m. – 3:00 p.m.

Minutes

Next meeting: July 26, 12:00-2:00, Stanley Hall, Room 107, Waterbury

Present: Gail Rushford, Laura DeForge, John O'Brien, Goldie Watson, Keith Goslant, Adena Weidman, John Berard, Annie Noonan, and Conor Casey.

Absent: Terry Rowe

Public: Laura Ziegler

Staff: Judy Rosenstreich

Gail opened the meeting, commenting that it is expected to be our next-to-the-last meeting. Discussion began at 1:15 p.m.

Agenda

1. announcements
2. minutes
3. review draft requirements for success
 - o Any additions?
4. evaluate + develop further
 - o What questions can we anticipate and how can we address them?
 - o What are the problems / strengths with these ideas?
 - o What do we need to add / clarify for the recommendations to be "actionable"?
5. plan for report / next meeting

General Discussion

Questions the Work Group Asked Deputy Secretary Steve Gold on July 6

Gail shared the questions and responses by email dated July 17th as follows:

Question: To what extent will workforce issues come up in the CON process?

Answer: The Concept CON likely will make only brief mention of workforce, primarily to support the plan to locate the primary program in Burlington. We plan to say that the Burlington location (proximate to Waterbury) offers more opportunities to retain the existing workforce than locating in Rutland or Brattleboro (the other two interested inpatient partners). In addition, we will state that the Burlington location with FAHC /UVM connection will offer the most attractive setting to recruit the specialty workforce in the future.

Question: Have Fletcher Allen and the Health Department begun discussion of workforce issues?

Answer: Workforce issues have not been raised in conversations or written exchanges with FAHC - this is a "down-the-road" issue.

Question: How might Global Commitment relate to funding of an IMD?

Answer: Regarding Global Commitment funding for an IMD, the MCO can pay for services at any certified facility by any licensed provider. It is not likely that CMS would continue to allow payments between the MCO and a state-run IMD after the initial 5 year agreement when the terms and conditions are up for renewal (CMS has systematically disallowed these waivers of the IMD exclusion in every state that had such arrangements). Therefore, we could use the current Global Commitment plan for the present. In terms of longer range planning, if federal participation in the ongoing operations is important for the VSH successor programs, they should not be classifiable as IMDs.

Before turning their attention to the agenda, members informally discussed the following:

Public Forum Held on July 13 in Burlington

This was taped by Channel 17 to provide greater public access to area residents. Judy will send Annie the schedule of showings on television.

VSH Barbecue

Annie described the event attended by 60-65 people as good for employee morale. Her plan is to continue doing events throughout the year to increase visibility of state hospital workers and the work they are doing.

Williamstown Residential Recovery Program

The group discussed Williamstown's potential for:

- employment of current VSH staff,
- reducing the state hospital census, and
- loss of VSH staff to residential recovery programs while the most severely ill patients continue to be treated at VSH

Annie stated that she plans to ask Paul Dupre if the Williamstown program is currently being staffed and what, in general, is happening. She will e-mail work group participants

after talking with Paul. Dena offered that Roy Riddle, a CVMC nurse, is consulting on Williamstown.

Minutes

- Annie moved, John Berard seconded to accept the minutes. Approved unanimously.

Review Draft Requirements for Success

The group discussed and edited the draft prepared by Gail to facilitate development of a report and recommendations to the Futures Advisory Committee, due in early August. As suggested at the previous meeting, the report will present “Core Requirements for Success” that will be overarching to the three preferred options or, indeed, to any option ultimately defined as the Futures planning process moves forward.

Core requirements, regardless of what staffing model is selected, include:

- Staff to manage / care for acutely ill psychiatric patients requiring hospitalization
 - appropriate number of staff positions for a fluctuating census
 - appropriate training for patients with varying acuity levels
- Funding and budget processes are clearly defined
- There is buy-in from most stakeholders
- There is support from the legislature
- Public oversight mechanisms (currently in place at VSH) are continued
- Educational opportunities are offered to psychiatric technicians and other staff to:
 - help them earn credits toward licensure and/or certification for positions that may replace psych techs, including LPN and other positions
 - enhance the employability of VSH staff to succeed in transitioning to new inpatient psychiatric programs *regardless of which model*
 - support career development for VSH employees who may choose to prepare for new jobs outside of behavioral health care.
- Implement the transition to an array of programs and facilities in the Futures plan without undermining ongoing patient care at VSH
 - identify strategies for facilitating this transition
- Sustain relationships between staff and patients by enabling VSH staff to follow the patient to a new program such as the residential recovery program being developed in Williamstown.

John O’Brien stressed the importance of the relationships developed between staff and patients at VSH. This relationship is a therapeutic piece to help patients successfully transition to a new program, providing an important aspect of continuity of care.

In reference to enhancing employability of staff, John Berard offered that re-training for psychiatric technicians to work toward licensure as an LPN or to prepare for a career change other than as an LPN could be made available through a budget allocation.

Public Workforce/Private Senior Management

Of the three options selected, this option did not specify who would hold the license. The group tried to clarify this point. Annie had assumed that if the primary inpatient program was established at Fletcher Allen, then Fletcher Allen would hold the license. If, however, we were looking at this option more broadly, it could be the State licensing the operation.

- The group concluded that this model could work whether the State or a private entity holds the license.
- Keith reflected the group's view that commitment to a public workforce for direct care services was the important thing, not who holds the license.

Goldie responded that if it's public licensure, the facility would be in an IMD status. Laura expressed that she, herself, and possibly the group did not have sufficient expertise to make determinations on IMD status.

→ Public Comment: Laura Zigler offered that if the new program is not operated by the State, the Department of Justice has no jurisdiction. She shared that she comes from an area where public hospitals predominate and favors a public facility to serve patients with psychiatric disorders and those who are incapacitated due to substance abuse.

Following this, there was a brief discussion about disproportionate share payments to hospitals. Conor stated that the New Hampshire state hospital receives disproportionate share. Dena explained that we used to get it here (at VSH) but gave it up for the CRT waiver.

Content of Report to Futures Advisory Committee

Gail stressed the importance of anticipating questions about the report and being prepared to respond to these questions. Toward this end, she asked the group to:

- Think about what we have developed
- Identify issues that may be raised
- Develop a clear approach to presenting our recommendations

Other factors in the effectiveness of the report are the way it is laid out and its readability.

Conor offered a possible question: Do the Requirements for Success apply to the secondary inpatient programs, the RRMC and the Brattleboro Retreat? In response to this issue, the group concluded that the consistent frame of reference throughout our work

has been co-location with an academic medical center. At the same time, core requirements implicit in the preferred options (outlined on p. 3 of these minutes) apply as much to the regionally-based, smaller capacity inpatient programs as they do to the primary inpatient program.

Gail outlined a structure for the report, suggesting inclusion of

- Some background on the state hospital
- Context of the Futures Plan
- Description of current partnership with Fletcher Allen at VSH
- How the VSH Employees Work Group was formed
- Operating assumptions
- Process we followed to identify options and select the most preferred options
- Requirements for success

Gail offered that she and Judy would work on a draft for the group's review. Keith agreed that this approach would be helpful.

Reporting to the Futures Advisory Committee

Judy advised that the next Futures Advisory Committee meeting was August 7th. The group had concerns about being ready and also about some members not being available. On this basis, the group expressed a preference for bringing their report to the Advisory Committee at the September 18th meeting.

Public Comment

Laura Ziegler stated her concern for individuals in the Corrections system who require services that will be provided by the new inpatient psychiatric program. She argued for public sector services for this population, questioning whether a private entity could do it.

Several group members expressed an interest in placing the Corrections issue on the Futures Advisory Committee agenda. Time did not permit delineation of the issues that might be considered relative to the Futures project.

The meeting adjourned at 3:00 p.m. with a reminder from Gail to critique the report's substantive recommendations with an eye to anticipating questions from the Advisory Committee and how we might respond to those questions.

The work group will meet again on Wednesday, July 26, Stanley Hall, Room 107.

SUBMITTED BY: Judy Rosenstreich
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